

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)

SERIAL NO.  
09/890440  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	20	↓		↓		↓
TOTAL CLAIMS	25	↓	↓	↓	↓	↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓	↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY